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Applicant(s): Clevenger and Kline

Docket No.

PENN-0795

Application No.

10/029,079

Filing Date

December 21, 2001

Examiner

Roy R. Teller

Customer No.

26259

Group Art Unit

1654

Invention:

COMPOSITION AND METHOD FOR MODULATING SOMATOLACTOGENIC FUNCTION

I hereby certify that the following correspondence:

Response under 37 C.F.R. 1.111


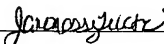
(Identify type of correspondence)

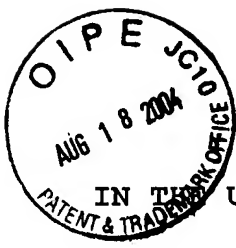
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August 18, 2004*(Date)*Jane Massey Licata*(Typed or Printed Name of Person Mailing Correspondence)*
*(Signature of Person Mailing Correspondence)*EV540196074US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**

08-19-04

1654

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. PENN-0795	
Applicant(s): Clevenger and Kline					
Application No. 10/029,079	Filing Date December 21, 2001	Examiner Roy R. Teller	Customer No. 26259	Group Art Unit 1654	Confirmation No. 5293
Invention: COMPOSITION AND METHOD FOR MODULATING SOMATOLACTOGENIC FUNCTION					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
Signature:  _____ Signature			Dated: August 18, 2004		
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					



Attorney Docket No.: PENN-0795

Inventors: Clevenger and Kline

Serial No.: 10/029,079

Filing Date: December 21, 2001

Examiner: Roy R. Teller

Customer No.: 26259

Group Art Unit: 1654

Confirmation No.: 5293

Title: Composition and Method for Modulating
Somatolactogenic Function

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Date of Deposit August 18, 2004

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Commissioner for Patents, Mail Stop Non-Fee Amendment,
P. O. Box 1450, Alexandria, VA 22313-1450.

Jade Massey
Jade Massey Licata Registration No. 32,257

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

RESPONSE UNDER 37 C.F.R. §1.111

This is a reply to the Office Action mailed May 18, 2004,
setting a three (3) month statutory period for response. Please
enter the following amendments and remarks into the record.

The **Amendments to the Claims** are reflected in the listing of
claims which begins on page 2.

Remarks begin on page 3.